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| Case Number: | CM14-0186234 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 06/27/2013 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 22 year old female who sustained a work related injury on 6/27/2013. Four sessions of acupuncture were certified on 10/10/2014. Per a PR-2 dated 9/29/2014, the claimant has had increased pain since the last visit. She does not report any change in location of pain. There are no new problems or side effects. Quality of sleep is poor. Activity level has remained the same and she is continuing to work. Her diagnoses are lumbar radiculopathy, lumbar facet syndrome, and low back pain. Prior treatment has included physical therapy, chiropractic, and medication. Objective findings include limited range of motion with pain in the low back and positive SLR test with decreased motor strength and sensation in the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

9 acupuncture sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 9 visits exceeds the recommended guidelines for an initial trial. Therefore the request is not medically necessary.